

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER				CONTACT Jo Beth Glassco					
				PHONE (901) 767-3600 FAX (901) 763-2613					
Clay and Land Insurance, Inc				(A/C, No. Ext): (SOLY/VV) SOUR (A/C, No.: **  E-MAIL ADDRESS: jbglassco@clayandland.com					
866 Ridgeway Loop Rd				INSURER(S) AFFORDING COVERAGE					
Suite 200				······································					
Memphis TN 38120				INSURER A:Philadelphia Indemnity					
INSURED				INSURER B:Traveler's P&C					
Serenity Recovery Centers, Inc				INSURER C:					
1094 Poplar Ave.				INSURER D :					
				INSURER E:					
Memphis TN 38105			INSURER F:						
OVERAGES CERTIFICATE NUMBER:CL1583732:			12 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS,									
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	JED BY THE POPULES OF SOLVERD HELVELL TO SERVER								
		1.1	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS				
	INSD WVD	POLICY NUMBER		AIM/OUTTTT]	(MINIODITTTT)	EACH OCCURRENC	E S	1,000,000	
<del>                                    </del>						DAMAGE TO RENT PREMISES (Ea occi		100,000	
A CLAIMS-MADE X OCCUR			1	0 /4 0 /000 F	0/20/0026		I -	5,000	
		PHPK1220058	1	3/18/2015	8/18/2016	MED EXP (Any one		1,000,000	
						PERSONAL & ADV		3,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREC			
X POLICY PRO. LOC						PRODUCTS - COMP		3,000,000	
OTHER:						Employee Benefits	\$	2,000,000	
AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)		1,000,000	
X ANY AUTO						BODILY INJURY (Pe	r person) \$		
A ALL OWNED SCHEDULED		PHPK1220058		8/18/2015	8/18/2016	BODILY INJURY (Pe			
AUTOS AUTOS NON-OWNED						PROPERTY DAMAG (Per accident)	SE \$		
HIRED AUTOS AUTOS			1			Terrorism Coverage	\$		
						EACH OCCURREN	E \$		
X UMBRELLA LIAB X OCCUR						AGGREGATE	\$ s		
A EXCESS LIAB CLAIMS-MADE				8/18/2015	8/18/2016	AGGREGATE	s		
DED RETENTIONS		PHPK1220058		3/18/2013	8/18/2016	PER STATUTE	OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							1 000 000		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDE		1,000,000	
B (Mandatory in NH)	XTMUB3550T32914		8/18/2015	8/18/2016	E.L. DISEASE - EA		1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POI	ICY LIMIT   \$	1,000,000	
		PHPK1220058		8/18/2015	8/18/2016	OCCURRENCE		\$1,000,000	
						AGGREGATE		\$3,000,000	
SEXUAL MOLESTATION/A&B									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
DESURIFICA OF OPERATIONS ( COOKTONS ) TELESCOPE ( COOKTONS )									
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CERTIFICATE HOLDER	CANCELLATION								
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
SHELBY COUNTY GOVERNMENT PURCHASIN DEPT.				ACCORDANCE WITH THE POLICY PROVISIONS.					
160 N. MAIN ST. SUITE 900 MEMPHIS. TN 38103			AUTHORIZED REPRESENTATIVE						
MEMPHIS, TN 38103				Louis Clay/JBG					